

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000091796 (0)**

1. Corporation Name

**AMERICAN CONDITIONED AIR, INC.**



Principal Place of Business

Mailing Address

**6777 WINKLER RD.  
#D146  
FT. MYERS FL 33919**

**6777 WINKLER RD.  
#D146  
FT. MYERS FL 33919-7236**

3. Date Incorporated or Qualified  
**12/15/1994**

3a. Date of Last Report  
**06/11/1996**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

**25** Country

**28** Zip

**30** Country

4. FEI Number  
**65-0541742**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOPINSKI, RAY  
6777 WINKLER RD.  
#D146  
FT. MYERS FL 33919**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

**RAYMOND G. LOPINSKI - PRESIDENT**

**4-8-97**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**D** ☐ DELETE  
NAME **LOPINSKI, RAY**  
STREET ADDRESS **6777 WINKLER RD., #D146**  
CITY-ST-ZIP **FT. MYERS FL 33919**

☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition  
**1.1 TITLE PRESIDENT**  
**1.2 NAME LOPINSKI, RAYMOND G.**  
**1.3 STREET ADDRESS 8161-6 SOUTHWOODS CIR**  
**1.4 CITY-ST-ZIP FT. MYERS, FL 33919**

☐ Change ☒ Addition  
**2.1 TITLE V. PRES/TREAS.**  
**2.2 NAME KRAUS, BEVERLY L.**  
**2.3 STREET ADDRESS 8161-6 SOUTHWOODS CIR**  
**2.4 CITY-ST-ZIP FT. MYERS, FL 33919**

☐ Change ☐ Addition  
**3.1 TITLE**  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY-ST-ZIP**

☐ Change ☐ Addition  
**4.1 TITLE**  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY-ST-ZIP**

☐ Change ☐ Addition  
**5.1 TITLE**  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY-ST-ZIP**

☐ Change ☐ Addition  
**6.1 TITLE**  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**6.4 CITY-ST-ZIP**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**RAYMOND G. LOPINSKI**

Date

**4-8-97**

Daytime Phone #

**941) 418-0094**

0402592

CR2E034 (9/96)